Mrs. Hersey 128 a

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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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National Memorial Committee

REPORT OF THE MEETING HELD JANUARY 11, 1923

The following is the National Treasurer's report for January 1st, 1923:

British Columbia	$ 3,563.95
Alberta	1,731.65
Saskatchewan	2,148.90
Manitoba	1,120.97
Ontario	9,822.25
Quebec	7,283.63
New Brunswick	960.65
Nova Scotia	618.35
Carried forward	$27,250.35

Brought forward	$27,250.35
Prince Edward Island	260.15
United States	15.00
	$27,525.50
Interest	161.66
	$27,686.16
Expenditure	121.70
Balance in Bank at January 4th, 1923	$27,565.46

General Correspondence

Miss V. M. Macdonald has resigned from the committee owing to the fact that she has taken up new work at a distance and will be unable to attend the meetings.

Provincial Correspondence

All of this correspondence circled around the question of the method of selecting the design for the memorial, so that it is probably advisable now to explain this controversy from the beginning.

At Edmonton, June, 1922, the following resolution was passed:

> ". . . . all designs received, therefore, shall be submitted to the Provincial Committee, and the selection of the design shall be governed by the reports from such committees; the final work leading to the completion of the memorial to be left in the hands of the National Committee, in consultation with the Executive Committee."

In October, the National Committee learned from the Business Committee that the customary method of conducting a competition for designs is to appoint a board of assessors and leave the final selection to them. We were informed that sculptors of recognized talent would not enter designs unless they had a guarantee that those designs would be judged by a committee of their professional peers.

At the November meeting the National Committee considered their obligation to obtain a worthy memorial, and at the same time the obligation laid upon them to confer with the provincial committees.

The following is an extract from the minutes of November 10th:

> "A copy was read of the contract drawn up by the Business Committee. This contract outlined the conditions under which the competitors would work in submitting designs for the memorial. It was moved by Miss Stewart, and seconded by Miss Hartley, that we accept the conditions of the proposed contract. Carried. The members of the Business Committee have pointed out that an Assessors' Committee expects its decision in such a professional competition to be final, and that the published names of the Assessors'

Committee and the recognized custom of accepting their decision as final is the guarantee which will persuade sculptors of the highest ability to enter designs for such a piece of work. Our necessity of submitting the designs to the nine provinces has been explained to the Business Committee. They consider it a decidedly unusual procedure; but have arranged a contract which they hope will persuade the right type of sculptor to compete, in spite of the fact that the final decision will be taken out of the hands of a professional committee and left to a widely-scattered group.

"A discussion followed about the difficulty of submitting designs to the Provincial Nurses' Associations. The Business Committee has made very plain the difficulty of asking professional men to compete under such circumstances. Finally, it was moved by Miss Brown, and seconded by Miss Hartley, that we write each province, explaining the usual method of such competition, which method gives the Assessors' Committee full power of selection; explaining, further, our difficulties in having to submit designs to the nine provinces, and suggesting to the provinces that they each send one representative to a special meeting of the National Memorial Committee when the designs are ready for inspection; that these representatives be given power to decide, each for her own province, if the provinces are willing, and, if not, that each representative will have the benefit of the discussion with the other representatives, and that she take copies of the designs back to her province for inspection; and that the National Memorial Committee will pay the expenses for this meeting. The motion was passed unanimously."

The above resolution suggesting a meeting of provincial representatives was sent to the Provincial Committee in November. The following are the replies from the provinces:

A telegram came first from British Columbia, suggesting that all the provinces be asked to waive the right of provincial selection for the design, and expressing disapproval of the meeting suggested in the motion passed at the November meeting of the National Committee. The suggestion from British Columbia was sent immediately to each of the other provinces. In reply, six out of the other eight provinces agreed with British Columbia that they should waive the right of provincial selection.

It was then passed unanimously by the National Committee at this January meeting that the suggestion of the Provincial Committee of British Columbia be accepted. This was sent to the executive of the C.N.A.T.N., and was ratified by them at their meeting held Friday, January 19th.

It is therefore understood that the National Committee will now drop the question of a general meeting of provincial representatives, but will send photographs of submitted designs to the provincial committees.

PLACING OF MEMORIAL

Miss Gunn gave a report from Mr. Cleveland, stating that he was still unable to get a decision from the Federal Government as to the placing of the memorial. Mr. Cleveland reported that, until that point was settled, it was impossible to make any further plans or decision about the amount to be expended upon the memorial. We all realize that it is the general wish of the association to reduce the objective first named.

E. K. RUSSELL, Secretary.

Miss Jean Wilson appointed Executive Secretary of the C.N.A.T.N.

At a meeting of the executive of the C.N.A.T.N., held in Toronto, January 19th, Miss Jean S. Wilson, of Ottawa, was appointed executive secretary of the C.N.A.T.N. Miss Wilson was educated in Ottawa, and graduated from the Lady Stanley Institute of that city. For a number of years she was superintendent of the Moose Jaw General Hospital. Last year Miss Wilson took the course in administration in the School of Nursing of McGill University, on a scholarship given by the C.N.A.T.N.

Soon after the passing of the Saskatchewan Registered Nurses' Act, in 1917, Miss Wilson assumed the duties of secretary and registrar for the S.R.N.A. Although this work was entirely voluntary at the time, Miss Wilson had the arduous task of registering some 300 nurses, as well as carrying on the secretarial work connected with the office. For the last year and a-half Miss Wilson has been treasurer of the C.N.A.T.N. Her intimate knowledge of the business of the C.N.A.T.N. will be a decided asset to her in her work.

Room 609, Boyd Building, Winnipeg, has been secured as an office for the C.N.A.T.N. Miss Wilson will enter on her new work on February 1st, and will take over the work of the two offices of secretary and treasurer. A bureau of information will be conducted regarding all matters relating to the nursing profession in Canada. It is to be hoped that nurses will make the fullest possible use of this office, and that outside organizations requiring the services of nurses with special qualifications will apply to this office for applicants.

JEAN BROWNE, R.N.,
President C.N.A.T.N.

If you have gracious words to say,
Oh, give them to our hearts to-day;
But if your words will cause us sorrow,
Pray keep them to the last to-morrow.

A Home-Made Demonstration Doll

By Edna Guillod, R.N. (Vancouver General Hospital),
Superintendent Maple Creek General Hospital,
Maple Creek, Sask.

(Editor's Note:—In so many small hospitals the cost of the "Chase Doll" has been rather a stumbling block. Miss Guillod (V.G.H.), superintendent of the Maple Creek General Hospital, Saskatchewan, wrote, telling of her efforts to make a practical doll, and I asked her to let the magazine readers have the benefit of her experience.)

Head—Wire mask, lined with Venetian cloth. Form for head made out of factory cotton, stuffed with cotton batting. Stiff paper crumpled in centre. Cover head with Venetian cloth, folding over edges of wire mask. Draw firmly across forehead, then below chin, leaving gussets at sides. Fasten down with rubber cement.

Ears—Prominences filled with cotton. Stitches under chin, and pleat at back of neck.

Body—Cotton combination stitched across at elbows and knees. Two wire frames (heavy clothes-line wire used), one for chest and one for abdominal region—the latter a little smaller in size. Narrow board, for backbone, extending through neck region. Head turns slightly on this when moved. These frames are all sewn securely to inside of combination.

Apparatus for Treatment—Oval metal piece, about 2½ in. by 4 in., with three orifices, ⅜ in., ⅞ in. and ⅝ in., respectively, with perforations near edge to sew metal piece firmly to cloth beneath. Metal tubing, extending 2 in. from orifice, to attach rubber tubing to. (I drew a diagram and had it made at a vulcanizing shop.)

Hot-water bottle with metal tubing soldered into neck. Rubber cloth, vulcanized on sides of bottle to hold it to wire frame—one circular piece of heavy wire.

Rubber tubing ⅝ in., attached to metal tubing of bottle. Round 8-oz. bottle, with rubber tubing ⅜ in. attached; rubber funnel tied securely round neck of bottle with heavy string. Tubing for this attachment about 3 in. long. To metal tubing ⅞ in. diameter attach piece of rubber hose with wooden plug driven securely into upper end. Glass bottle tied to rubber hose in such a position that it will hold 4-oz. solution to siphon back in giving bladder irrigation.

Upper end of hot-water bottle is attached to interior of neck, and frame of bottle packed round with paper and held in place by attaching to frame of chest. Cardboard used for wall of chest over hot-water bottle. Rubber tubing attachments—⅝ in. is long enough—to be brought

up in front of rubber hose. Reasonable amount of solution is retained in giving treatment if doll is not raised on pillows at head.

Trunks of combinations are then stuffed with cotton batting till required shape is made; then one or two layers of cotton batting rolled round over combinations to give more contour, and Venetian cloth sewn on. Oval pieces of Venetian cloth (with orifices cut in it) a little longer than metal piece cemented on makes a neat join. All seams, after being sewn, have strips of Venetian cloth covering them—strips fastened with rubber tire cement to make doll water-tight.

Lower Limbs—Old stocking stitched round and cut out for toes. Stuff with cotton batting. Venetian cloth cut in shape to cover. Stuff toes after putting rubber cement inside. For sole of foot, stiff cardboard covered with cotton batting. Foot stuffed with cotton batting. Champagne bottle straw covers, stuffed firmly with crumpled paper and wrapped round with cotton batting, make a foundation for the legs. These may be made a little smaller for lower leg and a larger size used for the thigh region, with a good deal more wrapping to get required size. If the straws are long enough a flat surface or bending joint is obtained, so that the doll can be placed in any of the gynecological positions necessary in demonstrating. Sew across top of thigh. The Venetian cloth is sewn on each side of the leg and gussets left at sides of knees and heels.

Arms—Rolls of cotton batting stuffed in sleeves, which are then sewn across shoulders. Rubber gloves, stuffed firmly with cotton and cemented at wrists to Venetian cloth covering arms. Sew on in same way as for legs.

Hair—A transformation from Simpson's doubled and sewn down centre. Extends from forehead to back of neck. Can be braided on each side of head.

Seek every opportunity of getting in touch with those who know something that you don't.—Rt. Hon. J. R. Clynes.

In the long run, patience, persistence, determination, and fixity of purpose are of more value than mere cleverness.—Dr. T. J. Macnamara.

Argue as we may, the fact remains that a nation is born, bred, and trained into greatness or littleness by its women.—Miss Marie Corelli.

After much pondering, both of life and books, I think that sixty is not a period of decay, but a period when a man is at his soundest and ripest.—Sir W. Robertson Nicoll.

A Memorable Sunday Afternoon

By Beatrice Kent

"Whoso shall offend one of these little ones . . . . it were better for him that a millstone were hanged about his neck and that he were drowned in the depth of the sea."

The cheerful fireside was more alluring than the street on that particular Sunday afternoon. The weather was depressing—a cold wind was blowing, a drizzling rain was falling, and there was a menace of snow in the air. Nevertheless, the spirit of adventure was upon me; so, without stopping to contemplate the weather outside, or to glance at the tempting fire inside, I went out and boarded a 'bus going in a northerly direction. I easily found the address I sought. Two or three children, shivering with cold, stood in the sheltered doorway, waiting for the door to open which would admit them into the "school." To while away the time, I examined the pictures displayed very conspicuously in the window —pictures of an inflammatory nature, inciting to sedition and the bitterest class hatred. Presently the door was cautiously opened, and I followed the children along a narrow passage to a room at the end of it. A young woman with an unamiable expression of countenance was preparing for a class.

"May I come in?" I said cheerfully.

"Ye-es," she replied, eyeing me suspiciously, "you may sit at the bottom of the room."

Congratulating myself that I had succeeded in gaining an entrance into what I had been informed was "one of the worst" of the Communist Sunday schools, I gladly took a seat on the appointed spot. Three other women sat near me; one of them tried unsuccessfully to draw from me my purpose in coming. I was at once attracted by two enlarged portraits of men, perhaps more talked about and more hated than any other two men in the present day—the famous, or rather *in*famous Lenine, and Karl Marx, his inspirer and evil genius; these were hung on the wall low enough for the children to observe them well. The lesson began with the singing of a "hymn" from the Red Sunday School hymn book, which contains no word of Christian teaching and principles; they are hymns of hate, bitter and intense, with appeals to sedition and revolution. Here is a specimen:

"We the rebel children sing,
Perish every Court and King;
We've a world to save and win
For the Revolution.
Come, workers, sing a rebel song,
A song of love and hate;
Of love unto the lowly
And of hatred to the great."

The lesson was drawn from the "ten proletarian maxims." Every child is called a "comrade"; and each one was called upon, separately, to repeat some of them after the teacher, and this is what I heard:

(1) "Thou shalt not be a patriot, for a patriot is an international blackleg." (2) "Thou shalt teach revolution, for revolution means the abolition of the present political state, the end of capitalism." (3) "Thou shalt demand, on behalf of your class, the complete surrender of the capitalist class." (Note the grammatical error!) (4) "Thou shalt wage the class war."

Then came a blasphemous allusion. Every child was rewarded with a sweet, which the teacher herself put into the expectant mouth. Other revolutionary "hymns" followed.

Burning with indignation, I listened with as much patience as I could command to this infamous corruption of the young. The lesson was over; my turn had come; I could keep silence no longer.

"I thought you said this was a Sunday School," I remarked.

"It is a Sunday School."

"Then why don't you teach the children about God?"

"We don't teach them about God; we teach them Communism."

"You are teaching them to hate their fellow creatures. What a dreadful thing to do!"

The woman, making no reply, disappeared into an inner room. This was my opportunity.

"Children," I said, "there *is* a God in Heaven, and there *is* a Saviour who loves little children; and when He lived on earth He called them to Him, and took them up in His arms and blessed them, because He loved them so, and He was displeased with those who tried to keep them from Him. You will never be happy if you don't try to love and serve God."

The woman returned, reinforced by a man, and the two walked down the room, stood in front of me and stared, but said nothing. I pointed to the pictures of the two men (living and dead) who had caused such infinite harm in the world.

"Why don't you hang a picture of the Saviour on the wall, Who loved little children, instead of that cruel monster Lenine and that atheist Karl Marx?" And a few more things I said, to relieve my feelings, to these obedient disciples of Lenine. No reply. "You are not teaching these children; you are corrupting them," I said, as I left the room.

Twenty years ago the movement for corrupting the young was first started in Scotland; three years later it spread to England. There are now at least two hundred of these "schools" in the Kingdom, about forty in London alone; and hapless children are taught the most hideous blasphemy, to deride and mock at kingship, sedition, treachery, and robbery. By this means many thousands of children are being deliberately prepared to overthrow our beloved country and bring—with a revolution

—all the anarchy, misery and ruin that has befallen Russia. The menace is so great that it is clearly the duty of every man and woman to do all they can for our country's sake, as well as for the sake of posterity, to destroy this poison that is sapping its very life. District nurses, and any other group of social service nurses, may have more in their power than they suppose to do good in this matter. Let them remember that apathy and indifference to evil is *passive participation in it.* Trained nurses are a loyal body of women. We love our country; and we love and respect our good King George, God bless him.

My heart was heavy when I returned to my house on that memorable Sunday afternoon.—*The British Journal of Nursing.*

A Clever Improvisation

By Helen Hankins, R.N.,
St. Joseph, Missouri

It was a breech delivery, and, in spite of hard pains and very splendid effort on the part of the mother, the breech would not come down. The mother's age contributed to the rigidity of too small maternal parts. When the baby's left leg was finally brought down it was discovered that the right leg was extending upward across the chest, with the foot about the neck. This was brought down with considerable difficulty and the child delivered.

The right femur had sustained a fracture, about midway, and it was the proper care of this which presented a real problem to the doctor and nurse. The physician wished to place the leg in Buck's extension. How to do this, to keep the parts in position, to avoid unnecessary motion, and yet not hinder the child's normal development, was the question.

An ordinary tea table on wheels was utilized for a bed. A frame was built about the top of the table on uprights about eight inches high. Strips of wood, two by two, were used. On the foot of this frame, a little to the right of the centre, was placed an inch-and-a-half pulley. Adhesive was placed about the leg in much the same manner as if the patient had been an adult, the cord was passed over the pulley and weights attached to give traction.

For decorative purposes, the frame was covered with blue mull and dotted swiss. The great advantage of the tea cart came in transporting the baby from the nursery to the mother's room. At nursing time, the mother moved to the edge of the bed, the cart was brought close alongside, and the baby was able to nurse without being moved or disturbing the dressings in the least.

Some weeks after dismissal, an X-ray showed perfect alignment and the results obtained have proven entirely satisfactory.

—*American Journal of Nursing.*

A Plea for Common Sense in the Administration of Liquid, Light and Soft Diets

By Ruth Okey, Ph.D.
Assistant Professor of Household Science, U. of C.

In no type of diet does the responsibility rest so often and so largely with the nurse as in the above, and on her intelligence in the administration of such diet depends more lengthened or shortened convalescences; more questions of complications avoided or otherwise; more cases where the tide is "just turned" in favor of a recovery—or the opposite—than we often stop to realize. Too frequently, in the large hospital, the busy dietitian leaves the "liquids" and "softs" to the cook to adapt from her other menus. They are sent up to the wards to be served with no more than passing supervision; and, unless the nurse in charge is able to step in with intelligent understanding of the needs of her cases, the result is likely to be that the patient eats what he should not have, or fails to eat at all because of the unappetizing type of food or service. The writer has observed personally, in several hospitals where the training of the dietitian was unimpeachable, the serving of reasonably well-balanced and well-prepared liquid diets in such a way as to make consumption of food almost an impossibility.

In one case, a tray containing eggnog, custard, cream soup, milk, cocoa, fruit gelatin and orange juice was served in a private ward to a patient on the verge of a general septicemia and with a temperature range of 101-103° F., *three times each day for ten days in succession.* This diet was adequate, fairly well prepared, and made up of foods which were, in all probability, as nearly suited to the needs of this particular patient as was possible; but it failed to serve its purpose because of unattractiveness, monotony, and, perhaps as much as anything else, by the offering of so much food at one time to a patient whose illness was of a nature which destroyed appetite. As a result, we had the history of a spreading infection, repeated trips to the operating-room, and a much delayed convalescence which the surgeon in charge was unable to understand. Who can say how much trouble might have been avoided by the nurse, had she been able to serve only one or two things at a time? To serve, as would have been preferable in a fever case, every two or three hours, and to introduce variety into the diet by variations in service, and in methods of preparing the foods which were permissible!

An even more serious failing of liquid and soft diet comes from the practice of assigning one diet to every patient in the hospital whose condition places this restriction on his food, whether his case be a post-operative laparatomy, where inducing increased intestinal peristalsis is above all things to be avoided, or an infection, where constipation is the worst possible complication and we have to fight to counteract the effect of morphine besides. If we could divide our liquid and soft diets into

even two classes, with respect to their effect on constipation, how much we could gain in comfort for our patients, and how much unnecessary use of laxative and purgative drugs we could avoid! But how much more we could gain by feeding to meet the needs of the individual case!

Let us analyze the needs of some of the types of cases to whom liquid, soft and light diets are fed. Pre- and post-operative cases would probably be given first, but let us avoid listing them together.

Before the administration of ether, we feed with the object of leaving as little undigested residue in the alimentary tract as possible. Ether induces more or less acidosis, and, while there is some difference of opinion as to the extent to which this may be controlled by feeding, many physicians prefer to give a high carbohydrate diet—with sugar as well as starch in considerable quantity—for a day or two before the operation, with the idea that a plentiful store of glycogen will aid in the destruction of acetone bodies. An alkaline ash diet, including fruits, vegetables and milk, and excluding meats and meat broths, and any great amount of cereals or eggs, is sometimes helpful. Where the operation is to be abdominal, the feeding of boiled milk, custards, and other very completely absorbed foods, almost exclusively for the last day or two before the operation is, possibly—at least sometimes—justifiable on the same basis as the giving of the last enema a sufficiently long time before operation for the stimulating effect on intestinal peristalsis to have passed before the administration of the anaesthetic. Substitution of buttermilk, or, better, the use of milk soured by the addition of B. acidophilus cultures, and the addition of lactose or dextrinized starch to the diet has been shown not only to prevent constipation, but at the same time to aid in the avoidance of an intestinal flora of a predominently putrefactive or gas-forming type.

In operations which do not involve opening the abdominal cavity, on the other hand, it is often desirable to interfere as little as possible with the normal dietary regimen up to the last thirty-six hours before operation, except for the measures to prevent constipation and acidosis already mentioned. Feedings on the last day before operation should be limited in quantity, and perhaps preference should be given to buttermilk and citrus fruit juice rather than boiled milk. The practice of relying entirely on enemas for the emptying of the alimentary canal is an especially good one for this type of case, for it must be remembered that the chief dietetic difficulty to be met after operation will, in all probability, be constipation, due to the after effect of morphine injections, to unaccustomed inactivity, and to the rather complete preliminary emptying of the alimentary tract. Of course, food should be withheld for the last twelve hours or so before ether anaesthesia.

In feeding immediately following operation, we have again a tremendous need for consideration of the individual case, rather than a hit-or-miss assignment to "liquid," "light" or "soft" diet, based solely on time after operation, and temperature, or lack of it. Many a patient,

after some intensely painful procedure such as the reduction of a fracture, a mastoid, etc., has had to fight to throw off the effects of his morphine injections, unnecessarily handicapped by the fact that he has been given the classical constipating liquid diet with its boiled milk basis. We often fail to appreciate that many of these cases can tolerate fruit juice within eight to ten hours after the operation, and that this may serve the double purpose of combating acidosis and at the same time preventing constipation. (We must remember that the ash of a food after it has been burned in the body, and not its reaction at the time we eat it, determines its properties with regard to the production or prevention of acidosis. Thus, we have as potentially acid-forming substances, meat, meat broths, eggs and cereals; while most of the fruits, and especially the citrus fruits, and the vegetables give, within the body, an ash which is alkaline. Milk has an almost neutral ash.)

It is important that the factor of bulk should not be neglected in the diet for cases of this sort; hence the period on liquid should be as short as possible. On the other hand, there is no excuse for feeding foods, or combinations of foods, which are in themselves likely to produce trouble; and again there is great need for a common-sense, conservative selection of such a diet.

Less needs to be said concerning the post-operative feeding of abdominal cases, not because proper feeding is less important, but because the necessity for careful attention to the diet is more clearly recognized, and hence the diet is usually more carefully planned with the needs of the particular case in view. Often, for several days, we must give only foods which are very completely absorbed in the upper part of the intestine, even pre-digested foods such as peptonized milk, etc. After that, the study of how best to make the adjustment back to normal and adequate diet—with as little reliance on drugs as possible—is one that must occupy the most careful attention of the intelligent nurse. But, even in the post-operative feeding of laparatomy cases, it is surprising how soon and how well fairly large quantities of orange juice can be tolerated. The present tendency is to give solid food much earlier than we used to think possible. Meat broth, beef tea, etc., are to be avoided, both because they have no food value in themselves and because they serve only to furnish additional work for the kidney and offer a favorable media for the establishment of a predominantly putrefactive intestinal flora.

Many of the same factors are to be considered in the selection of liquid, light and soft diets where the restrictions are placed on the foods to be taken because of elevation in body temperature. In feeding fever cases, however, we must remember that the need for food is increased because of the extra energy used up in maintaining the increased temperature, and that there is likely to be an increased destruction of body tissue—hence an increased need for protein. This last seems, however, to be best taken care of by a diet that is high in energy content and moderately high in protein.

The basic principle upon which a diet for any case in which there is prolonged fever must, therefore, be "that any infection is better fought by a body that is well nourished than by one that is half starved."

Carbohydrate is especially important, both because of its power to furnish energy and also because of its ability to combat acidosis through the aid it gives in burning fat. It may be given in considerable quantities, depending on the power of the patient to utilize it. Of the protein-rich foods, milk and eggs are to be preferred to meat, because of the extra burden the latter places on elimination.

In feeding typhoid fever, we feed with the idea, not only of furnishing energy and material for tissue repair, but also of establishing an intestinal flora which is antagonistic to B. typhosus. To this end are given B. acidophilus milk, lactose and dextrinized starch.

Feeding at comparatively frequent intervals, even as often as once every two or three hours, is justified in many conditions involving prolonged high temperature. It is often far better to feed only one or two things at a time than to offer a large quantity of food at once.

Much might be said concerning other types of cases to which we feed restricted diets, but this seems sufficient to make clear the desirability of feeding with the needs of the individual patients in view. If we remember that the difference between the material actually used in maintaining the body activities and in combating an illness and that which is able to be supplied in utilizable form by the diet has to be made up by destruction of body tissue, we can readily see that the question of the best possible diet in any prolonged illness is of vital importance. Again, if we stop to think what the sum of the days, weeks and months lost annually from productive activity through lack of proper feeding of the convalescent would amount to, we realize that the economic side of the problem is one of large moment. We believe, at the present time, in preventive medicine—in the importance of correcting small defects before they become life and death matters. Let us apply the same common-sense attitude to our invalid feeding.

Note on Public Health Nutrition at the University of California

The semester just concluded has seen the first course in nutrition offered at the University of California, primarily for graduate nurses enrolled in the public health curriculum. The public health nurse, above all other persons, must have a keen appreciation of—and be able to give advice on—the problems which confront the mother in feeding her family; in dealing with the underweight and the overweight child; the infinite number of problems involved in infant feeding; the home care of the tubercular, the nephritic and the diabetic, when hospitalization is impossible or undesirable; she must be able to meet and deal intelligently with the food prejudices of the foreign-born, the ignorant and the super-

stitious, and with the children of members of religious cults which place restrictions on the diet. She must be able intelligently to choose an adequate diet where transportation or economic conditions place tremendous limitations on the types of foods available. In short, she must be able to be the interpreter who can bring all the advantages of the results of modern scientific study of nutrition into the house and school life of country and city.

It was with the idea that these almost infinite demands on the nurse could only be met by the individual with a thorough knowledge of fundamental principles of foods; of their composition, digestion, preparation; value in terms of energy production, of tissue-building power, of minerals, of vitamins, of the needs of the human body and their modification by various occupations, illnesses, etc.; and, finally, of the combining of foods, dietaries to meet these needs, that this course was designed.

Hampered as we have been this year by lack of time, money, laboratory space, etc., we realize keenly that we have fallen far short of our ideal for this course. Nevertheless, we believe that we have made a step in the right direction. We have appreciated the hearty interest and co-operation of our students, and we are proud of the twenty-eight nurses whom we are sending out this semester. We believe that, with the appreciation and co-operation of the registered nurses of California, we can build up a public health nurses' nutrition course of which we can be still more proud in the future.—*The Pacific Coast Journal of Nursing.*

Then hide it not, the music of thy soul—
Dear sympathy expressed with kindly voice;
But let it like a shining river roll
To deserts dry—to hearts that would rejoice.
Oh, let the symphony of kindly words
Sound for the poor, the friendless, and the weak;
And He will bless you—He who struck the chords
Will strike another when in turn you seek.

The motto of life should be: Work hard and play hard, and never do things by halves.—LORD DAWSON.

It is good discretion not to make too much of any man at the first, because one cannot hold out that proportion.—BACON.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

V. A. D. work in France was inaugurated by the organization at Boulogne on October 14th, 1914, immediately after the first battle of Ypres, of the first Red Cross Railway Rest Station of the war by Dame Catherine Furse, G. B. E., the head of a unit of sixteen V. A. D's and two trained nurses. The little company converted discarded wagons and three ambulance trains into shining dispensaries and kitchen quarters, and fed within the first twenty-four hours a thousand wounded. From this small beginning grew the vast ramifications of the service abroad of the British Red Cross and Order of St. John. Three months later, in January, 1915, Dame Furse returned to England and took charge of the V. A. D. Department, which now became established with headquarters at Devonshire House. She was replaced at the Boulogne Rest Station by Dame Rachel Crowdy, G. B. E., who was later appointed Commandant of Voluntary Aid Detachments in France. Dame Furse, to whom high credit for the immense success of the V.A.D. Nursing Service is given, was made Chief Commandant of the Women's V. A. D. Department and Chairman of the Ladies' Division of the Joint War Committee. She resigned these positions November 15th, 1917, and was succeeded in the Chairmanship by Lady Ampthill, G. B. E., C. I.

The next step in the development of V. A. D. activities was the introduction of their nursing members into Military Hospitals. This event took place in February, 1915, on the authority of letters from the War Office, which recognized them as a part of the personnel on a rate of pay similar to, but graded lower than, that of the Queen Alexandra Nursing Service. As a result of this, V. A. D. members trained in first aid were sent to Auxiliary and Military Hospitals throughout England and also within the year to Malta, Egypt, France, and to the various American, Canadian and Australian Hospitals and to the hospitals or hostels of the Royal Air Force and the Royal Navy. The total number of nursing V. A. D's., to December, 1919, was 17,317. Of these, 886 were mentioned in despatches and 329 received decorations.

A General Service Department was started in September, 1915, to replace men of military age from various positions in civil life. By this means, 11,000 men were released by V. A. D. workers for service at the front. *V. A. D. Motor Ambulance Work* was formally started by the opening in August, 1916, of a school of instruction at Devonshire House, and the V. A. D. members trained here did splendid work both in France and Italy, and at home in England. Other forms of V. A. D. service were work in hospitals, recreation huts, headquarter stations, convalescent hospitals, sick bays for members of the officers or nursing or V. A. D. members, canteen service, etc. The V. A. D. nursing service was so efficient and proved itself of such great value that special recognition was accorded it at the close of the war by the establishment of a series of scholarships for the benefit of those who wished to train for the nursing profession, after demobilization. Five hundred and fifty-seven such scholarships were awarded to V. A. D. candidates.

One of the most important services rendered by the St. John Ambulance in the late war was the organization of the St. John Ambulance Brigade Hospital, which was established at Etaples in the summer of 1915, and received its first convoy of wounded in September, 1915, and which immediately won universal recognition as being one of the finest, if not the finest, hospital of its size in France. It was situated about eighteen miles south of Boulogne, just across the road from No. 1 Canadian General Hospital, and forming one of the group of hospitals lying between Etaples and Camiers, and with them carried on an extremely active and efficient service. It had accommodation for 520 beds, with provision for an additional 200 in emergency. It was financed by the Order of St. John, and as far as possible staffed by members of the Order, most of the trained nurses and all the V.A. D's. employed being drawn from its ranks. It was magnificently equipped, and possessed the only electro-cardiograph in a military hospital in France, and other equipment of the highest standard. The officer in charge was Col. Sir James Clark, C. B., C. M. G., replaced a year later by Lt.-Col. C. J. Trimble, C. M. G. Its nursing staff consisted of a matron, assistant matron, 53 trained Sisters and 24 V. A. D's. With No. 1 Canadian General, the St. John Ambulance Brigade Hospital suffered severely from the air raids of May, 1917, four of its wards having been entirely destroyed.

War Service of the Canadian V.A.D's.

The plan of voluntary aid to the medical service in time of war, which was made part of Great Britain's plan of defence in 1909, was accepted by the Militia Council of Canada in 1911. Prior to 1914, only a few nursing divisions were formed, but from August, 1914, on they multiplied rapidly, and throughout the war large numbers of Canadian V.A.D's. did hospital service, at first only in Canada and later as a part

of the Imperial organization in hospitals overseas, within the war zone and in England, where they acquitted themselves with the same efficiency and honour as distinguished the Imperial V. A. D. Service throughout.

In the year 1918, the Canadian Government gave formal recognition of the V. A. D. Military Service under the title of "Women's Aid Department" of the Department of Militia and Defence. On October 31st, 1920, demobilization of the W. A. D. took place.

We are indebted to Dr. Charles G. Copp, Assistant Commissioner to the Order for Canada, for the following summary of the Canadian V. A. D. war service by members of the nursing division throughout Canada, and to Mrs. V. V. Henderson, District Superintendent of the Montreal detachment for the account of the Nursing Division from Military District No. 4 (Montreal and vicinity):—

SUMMARY OF CANADIAN V. A. D. WAR SERVICE, NURSING DIVISION.

1. *Under the scheme of Voluntary Aid to the Medical Services in time of war as approved by Militia Council in* 1911 *to* 1915;

Toronto. Central and West Toronto Divisions assisted the Voluntary Aid Committee of Military District No. 2 (Toronto) to open a Central Convalescent Hospital at Bishop Strachan's school building.

Montreal. (Military District No. 4), classes in first aid and home nursing were begun, and, from those qualifying as holders of certificates, were selected the members of the first Voluntary Aid Detachment in this area, registered at Ottawa as V.A.D. No. 2. The members of this Detachment No. 2 operated the first Khaki League Hospital in Montreal, which was opened in March, 1915, by the Duke and Duchess of Connaught. This hospital was conducted by an entirely volunteer staff, having trained nurses in charge who gave voluntary unpaid service, with the (probation) V.A.D's. as assistants. Also trained masseuses, giving freely of their time. In May, 1917, this hospital became a C.A.M.C. hospital, but the same nurses and the same masseuses remained as volunteers during the whole period of time.

2. *Under the Military Hospital Commission of* 1916.

Members of the divisions served under the nursing staff in those military hospitals in Canada in which the officer commanding the hospital of the commission accepted the service. About 2500 members took part in this service as time and opportunity offered.

3. *Under the Women's Aid Department of the Department of Militia and Defence.*

(This Department was organized as from November 1st, 1918, and was demobilized completely on October 31st, 1920. The following establishment is that officially recorded, and not all the members served the full two years, the average being considerably less.

The distribution of V.A.D. nursing members and function trainers, S.S.S. Masseuses and general service workers, was as follows, making a total throughout Canada of 167 V.A.D's, 265 masseuses and 47 general service workers:

Locality	V.A.D. Nursing Members	Function Trainers	S.S.S. Masseuses	General Service	Hospitals
M. D. No. 1. (London)			9		in 2
M. D. No. 2. (Toronto)	26	23	126	2	in 5
M. D. No 3. (Kingston)	8		17	4	in 2
M. D. No. 4. (Montreal)	47	6	32	22	in 2
M. D. No. 5. (Quebec)	5		1		in 1
M. D. No. 6. (Nova Scotia)	5	2	9	2	in 2
M. D. No. 7. (New Brunswick	2		4		in 1
M. D. No. 10. (Manitoba)	16	3	24	2	in 3
M. D. No. 11. (British Columbia)	1	2	21	2	in 2
M. D. No. 12. (Saskatchewan)	7		9		in 1
M. D. No. 13. (Alberta)	14		13	13	in 2
	131	36	265	47	

4. *Overseas Service:*

In May, 1915, two young women left for service in the St. John Brigade Hospital at Etaples, Miss Eleanor Wilson, and Miss Emma Plimsoll Vaux. Both were created Honorary Serving Sisters of the Order of St. John.

In July a request was received for sixty volunteer hospital probationers. This unit left for Europe on September 16th, 1916, under Mrs. V. V. Henderson, of Montreal. It was followed by eight other units, until 342 members reported to the Authorities requesting them, viz., the Women's V.A.D. Department of the Joint War Committee of the British Red Cross Society and the Order of St. John.

The following figures represent the cities from which V.A.D. members left on this overseas service:

Ontario—			**Alberta—**		
Brockville	1		Edmonton	9	
Guelph	8		Calgary	9	18
Hamilton	11		**Quebec—**		
Kingston	6		Quebec City	3	
London	27		Montreal	41	
Ottawa	36		Sherbrooke	2	46
St. Catharines	4		**New Brunswick—**		
St. Thomas	10		St. Johns	18	
Toronto	67		Fredericton	7	25
Windsor	4	175	**Nova Scotia—**		
Prince Ed. Island—			Halifax	3	3
Charlottetown	4	4			

British Columbia—			**Saskatchewan—**		
Vancouver	13		Saskatoon	10	
Victoria	10	23	Regina	14	24
Manitoba—					
Winnipeg	24	24			

The Royal Red Cross was awarded to one Canadian V. A. D. nursing member and three others were mentioned in despatches.

Twenty-three additional members were equipped and under orders, but passage accommodation could not be secured prior to signing of the Armistice, so that orders were cancelled.

Forty members served in a field of actual warfare and have received victory and general service medals.

Details of V.A.D. Service in Military District No. 4, Montreal, under the Military Hospital Commission of 1916 *and on overseas service and under Women's Aid Department of Militia and Defence. Account by Mrs. V. V. Henderson.*

(To be Continued)

IT COULDN'T BE DONE

Somebody said that it couldn't be done,
But he with a chuckle replied
That maybe it couldn't, but he would be one
Who wouldn't say so till he tried.
So he buckled right in, with the trace of a grin
On his face—if he suffered, he hid it;
He started to sing as he tackled the thing
That couldn't be done—*and he did it!*

There are thousands to tell you it cannot be done,
Thousands to prophecy failure,
Thousands to name for you one by one
The dangers that wait to assail you!
But just buckle in, with the trace of a grin,
Then take off your coat and go to it,
And start in to sing as you tackle the thing
That cannot be done—*and you'll do it!*

—*San Francisco Bulletin.*

It is with our judgments as with our watches—no two go just alike, yet each believes his own.—POPE.

The World's Pulse

By Elizabeth Robinson Scovil

Discovery in Egypt

The recent wonderful discoveries of ancient treasures in Egypt by Lord Carnarvon and Mr. Howard Carter have excited great interest. The tomb of the Egyptian King Tutankhamen at Thebes, across the Nile from Luxor, is the only tomb of an Egyptian king found in its original state. It dates back to about 3000 years before Christ. Among the treasures is a box containing the robes of the Queen. They are of diaphanous bead-net and of rare beauty, although they are almost, if not quite, 5,000 years old. Three candlesticks were found which are of great historical importance, as showing the method of interior illumination. The stands are of bronze, and the wicks of tightly-twisted linen swathed in oil. There are many rolls of papyri which have yet to be deciphered.

Floating Cities

The general manager of the Cunard Company says that a modern giant liner is worth about $15,000,000. The electric plant is large enough for a city of 700,000 inhabitants. At least 10,000 lamps and more than 200 miles of electric cable is required, yet the whole mass of 50,000 tons will respond to a single turn of the steering wheel.

An Historic Taxicab

One of the Paris taxis used in September, 1914, to carry five French regiments from Paris to the front has been placed in the courtyard of the Invalides, the French War Museum, beside the railway saloon in which the armistice was signed. The troops were sent to the assistance of General Maunoury, who was being hard-pressed by the Germans on the banks of the Ourcq River, northeast of Paris.

An Ancient Urn

An urn 2,500 years old has been discovered near Chichester in England. It bears the maker's name, Semlin, who belonged to a tribe which invaded England 400 years before Christ. It is of pottery and nearly two feet high.

Luxurious Railway Travel

America is usually supposed to have said the last word in luxurious railway cars. A wonderful new British-built express, travelling between Calais and the Riviera, is said to be the most luxurious in the world. Each passenger has a separate compartment in the sleeping car, fully fitted for his comfort and convenience. By day the bed is turned into a broad couch. The compartment can communicate in pairs, but the locking of a door makes each one absolutely private.

An International Gift

Mr. Rodman Wanamaker, Commissioner of Police Reserves, New York, has presented a beautiful processional cross to Westminster Abbey as a pledge of brotherhood between English-speaking peoples.

Photographs by Wireless

One of the greatest advancements in science is the sending of photographs by wireless. As yet this has only been possible over short distances, but it is predicted that the time will soon be here when illustrations can be sent by wireless as easily as words are now. A newspaper correspondent can transmit the photographs he has taken with the same facility as he sends his news report.

An Empire Chain

The British are seriously considering completing a chain of wireless stations throughout the Empire. The Marconi Company has announced that it is prepared immediately to begin work amounting to about $10,000,000.

Opera By Wireless

A performance of Mozart's "Magic Flute" was broadcasted in London and heard 500 miles away. A microphone was placed in front of the stage at Covent Garden Opera House; from there a wire transmitted the music to Marconi House, where it was broadcasted. It is said that singers will have to be specially trained to sing for broadcasting.

The Wireless Telephone

The human voice has actually sounded across the Atlantic ocean. A party of men in New York spoke directly to London; their voices were heard and recognized and the messages understood. As the English station was not equipped with sufficiently powerful sending apparatus to transmit voices from London, the replies were sent by cable and received within a few minutes.

The Left-Handed

A case is reported of a child who was congenitally left-handed and had always used the left hand in writing. She was taught to write with her right hand and immediately began to stammer. When allowed to revert to the use of the left hand, her stammering ceased. It is important that children who are naturally left-handed should not be interfered with in its use. It can be as effective for all practical purposes as the right hand usually is, and the development of the brain is responsible for its instinctive use.

'Tis friends who make this desert world
To blossom as the rose—
Strew flowers o'er our rugged path,
Pour sunshine o'er our woes.

News from the Medical World

By Elizabeth Robinson Scovil

Regularity in Nursing

In an interesting article on the feeding of infants, it is stated that a baby should be wakened to be fed, because the breast that is emptied at regular intervals functions better both as regards the quantity and the quality of the milk. Regular habits in breast feeding are as essential to milk production as to its digestion and assimilation.

Duration of Breast Feedings

Another authority states, as a result of experimentation in a large number of cases, that nursing infants obtain the greater part of their feeding of breast milk in the first few minutes—that is, from two to four minutes after beginning to nurse. After eight minutes very few babies get any milk whatever. If a baby shows no sign of discomfort from an adequate feeding obtained in from five to eight minutes, there is no reason why he should not take his bottle in the same length of time.

Insulin

The *Canadian Medical Association Journal* says that the Medical Research Council of Great Britain has accepted the patents for the manufacture of insulin, the pancreatic extract isolated by Dr. Banting and Dr. Best in the physiologic laboratory at the University of Toronto. The council will supervise the distribution of insulin in Great Britain. Dr. Banting has been awarded the Reeve prize by the University of Toronto for his research work on the treatment of diabetes by insulin.

The Nursing Bottle

An Italian physician asks if the nursing bottle is indispensable. For reasons of cleanliness, she prefers feeding even the youngest infants with a spoon.

Infant Mortality

New England has had for years the lowest rate of infant mortality known. In 1908 it was 68 per thousand live births; since then it has been steadily lowered, and in 1917 was 48 per thousand. It has been a pioneer in systematic development of infant welfare work. In the United States the present rate is 94 per thousand.

Care of the Nipples

An authority advises that a nursing mother should have, on a convenient tray, a glass-stopper bottle of a saturated solution of boric acid, and a box of wooden toothpicks, the points wound with absorbent cotton. At the time of nursing, some of the boric acid solution is poured into a small glass, the cotton dipped in it, and the nipples thoroughly washed without touching with the fingers.

Vomiting in Pregnancy

To combat this condition, a diet high in carbohydrates is recommended, food to be given frequently during the day rather than the usual three meals. Lactose solution may be given by mouth. Alkaline solutions may be alternated with the lactose. The urine should be examined frequently to detect a glycosuria.

Immunity to Malignant Disease

The *Canadian Medical Association Journal* reports attempts made in thirty cases to immunize cancer patients against their own tumor cells. Five were suffering from carcinoma of the breast, diagnosed by the microscopical examination. A limited operation was performed, the primary growth being removed but not the axillary glands. This was followed by injections of tumor tissue, properly prepared. In some of the cases the disease was very far advanced. When last seen these patients were all in good health, without symptoms of recurrence. Complete surgical removal was considered impossible in any of the cases.

The Vitamins

Later researches into the composition of food have revealed certain substances as necessary to health and must be contained in a well-balanced diet. The nature of these substances is unknown. There are at least three of them: fat soluble A, water soluble B, and water soluble C. The first is contained in leafy vegetables, in butter fat, in the fat of glandular organs, in yolk of egg, and in actively growing tissues. The second is almost universal in its distribution, but is absent from most fats and very scantily present in muscle meats. The chief source of the third is oranges, tangerines, lemons, and some vegetables, cabbage being one of them. Scurvy follows a diet deficient in water soluble C; beriberi is thought to be caused by a deficiency of water soluble B; and an eye disease, known as xerophthalmia, from the absence of fat soluble A from the food, though no doubt other factors combine to produce the result.

Menorrhagia in Young Girls

The *Lancet* says that unless the hæmorrhage is so excessive as to present urgent symptoms, there is no necessity for a pelvic examination in the case of young girls until after a trial of medical treatment. The greatest defect in the upbringing of young girls is providing for them insufficient time for sleep and almost no real leisure. Games are too strenuous, and too much home work is either permitted or connived at. The work should be well within the girl's ability.

Epochs in Medicine

In an address delivered by Dr. W. W. Keen, recapitulating his hospital experience since the sixties, he said the three chief advances in medicine were vaccination in 1796, anesthesia in 1846, and bacteriology, including the special work of Pasteur and Lister.

Public Health Nursing Department

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Special Class Work in Vancouver

On the five school days of the week, 946 schools open their doors to 86,000 children in British Columbia. The assembly of one large school is a thrilling sight, and the passer-by on the street pauses to watch the eager, happy throng march in. If we realize that everywhere, in city, town and isolated country district, this same assembly of children is taking place, how it stirs the imagination! How it brings home to the educationalist the weight of his responsibility!

The history of education, since education became general for all children, has moved rapidly. The step in progress, which is the subject of this article, is the establishment of special classes in general and the application of this movement in Vancouver schools.

The imbecile in school was always recognized as incapable of going beyond the work usually accomplished by seven or eight-year-old children —that is, to read simple primers, copy writing and do a little mechanical arithmetic. His status was recognized by the very narrow limits of his ability and by the physical stigmata that almost always accompanies imbecility.

Between the imbecile and the normal person the gradation of mental ability are as finely shaded as the difference in heights of people, and the ability is as fixed and incapable of being raised to a higher level as the imbecile is incapable of becoming normal. Thus we find children in the schools, who in appearance are very often normal, whose lower mental faculties, memory, sensory discrimination, motor control, etc., are well developed, but whose higher faculties, reasoning and understanding of abstract ideas, are very undeveloped, and always will be. For these children the work of the early grades is possible, and, while they get the work slowly, they read well, do mechanical arithmetic, reproduce a simple story fairly well, and do all work depending on memory and imitation. In the senior grades, where reasoning and comprehension of a higher order are needed, they flounder.

The children above imbecile grade and below normal are grouped as sub-normal. Those at the lower end of the group are definitely feeble-minded. They are low and middle grade morons. Those at the upper end are not diagnosed, because diagnosis of feeble-mindedness is also a prognosis. Once feeble-minded always feeble-minded, and many of these children will measure up to the social criterion of normality. By the school criterion, however, they are feeble-minded. They cannot profit by the teaching of the regular grades and cannot "compete on equal terms with their normal fellows."

Classes for sub-normal children are established to benefit both the children who enter them and the school as a whole. When the sub-normal children are removed from a regular class, the teacher's time can all be devoted to the normal children. She is no longer harassed by the presence of a child who is doing nothing, nor a problem in discipline—for these children are often a great problem in that respect.

The idea of special classes is never to coach children in academic work and replace them into their grades. For these children the regular curriculum is impossible, and so the goal of special classes is different. The work is more concrete, because the children find great difficulty in bridging from the concrete to abstract. Much time is given to handwork, which trains in motor co-ordination, habits of industry, neatness and perseverance.

In Vancouver, special class work was established in February, 1918. Before that time there were two classes for imbeciles, but it was realized that between the imbecile and the average child there were many who needed individual attention and special methods. Mrs. Hall (Martha Lindley), a psychologist, who had trained at Vineland, N. J., organized

the work. One class was established in April, and the following September four more were opened. In September, 1919, there were twelve classes, and the number now stands at nineteen. These classes are single rooms in a school or in groups of two to a school. The class at the Detention Home is included in the system.

The special classes are limited to fifteen pupils, who are selected by the Psychological Department, and are graded as far as it is possible to grade with only one or two classes in a school. The rooms are the regulation size and fitted with desks, chairs, tables, and manual training benches. As much floor space as possible is left for games and folk-dancing.

With only fifteen pupils, much individual attention is possible, and this is necessary both in academic and handwork. It is also necessary to have a very different type of discipline than is found in most school-rooms. The children are free to move about, getting supplies for their work, to help each other when a hand is needed, etc. The small class also increases immeasurably the influence of the teacher upon the child, his habits, outlook and behavior. In consequence of this freedom, with self-control and of the teacher's influence, we find the children changing from unhappy or anti-social beings to joyous, busy and co-operative little workers. Their success in handwork counteracts the sense of failure, which has grown as a result of their poor standing in the regular grades. Handwork stimulates the activity of their minds, and makes them wish to come to school. Special class is pre-eminently the cure for truancy.

On the academic side, the work is made as interesting and concrete as possible through games, stories and their dramatization, a play store and correlation with handwork. Every effort is made to avoid wasting time on isolated facts which will mean nothing to the child. Only work that he can really assimilate and apply is presented.

The handwork consists in sewing, crocheting, knitting, brush-making, toymaking, which involves woodwork and painting, beadwork, raffia and reed work, etc. The boys have, in addition, benchwork with two manual training instructors. They do not follow the course of the regular grades, but make large pieces of furniture. The girls have cooking.

When classroom accommodation becomes less of a problem in the city, the board proposes to provide a center where the older pupils will take up more extensive vocational work. It will be a secondary school for these children, corresponding to the high school for normal ones.

A field worker in connection with the work follows up the child after he leaves school. In many cases she finds work suited to his ability and special aptitudes. She guards against his entering blind-alley jobs. She encourages savings accounts, and many times lends a hand over a rough spot.

The classes are co-ordinated into one system, under the supervisorship of Miss A. J. Dauphinee. This co-ordination is a very important

factor in the success of the work. Weekly meetings of the teachers, which the supervisor holds, stimulate their interest in the work, encourage them in their problems, and give an opportunity for the exchange of helpful ideas.

RUBY A. KERR,
Psychologist, Vancouver Public Schools.

A Dispensary Cafeteria

The trend of modern hospital administration is undoubtedly towards a better understanding of the patients' needs — not only medical, but social. Our hospitals are becoming more human in their dealings with those who apply for relief. As a result, many subjects are being discussed in the hospital journals and at our conventions, under the heading of "Better Service to the Patient."

Dispensary Cafeteria, Montreal General Hospital

An opportunity for bettering our service to the patient was brought home to me very forcibly last winter. During a conversation with the nurse in charge of the out-patient department, she made the suggestion that she be allowed a certain amount of tea, sugar, bread and butter per day. On closer enquiry it was discovered that an unusual number of patients visiting the dispensary were fainting during examination, due in the majority of cases to their not having had breakfast, and in many

cases being detained in the dispensary all day for various examinations. This hospital is in a very congested district, and, while there was plenty of opportunity and time for the purchase of food in restaurants, they did not have the necessary funds for this purpose, and it was the nurse's intention to provide a small lunch for them.

The idea occurred to us at that time that here was an opportunity of doing a real service to the out-patients. I had seen, on a visit to the Massachusetts General Hospital, an endeavor to meet their problem in their out-patient department.

Philanthropic friends of the hospital were approached, and as a result some $400.00 was collected to build and equip a lunch-counter. Fortunately the space was available in the rotunda of the dispensary, and in no time the interest of all was aroused in this novel experiment. The carpenters and mechanical staff of the hospital donated their time to building it after working hours.

The following is a list of equipment that it was thought necessary to start with: Coffee urn, tea urn, sink, dish sterilizer, cups and saucers, paper plates, sandwich plates.

Prior to its completion the question of waitresses was gone into; and it was soon found that here was a real stumbling-block, financially. However, this was overcome by a group of young ladies, known as the Junior League, offering to staff this cafeteria. They come in turns, weekly, and make their own sandwiches, coffee and tea, wash the dishes and do all the serving; and it is due to their untiring efforts that this lunch-counter has turned out to be an unqualified success, not only from the service it is rendering, but financially; for, in spite of the fact that food is served cheaper and cleaner than in most restaurants, we have been clearing a profit of $100.00 a month on it. This profit has been turned over to the Social Service Department as a donation from the Junior League, and has been the means of establishing and maintaining a nutritional clinic.

Both the Social Service and nurse in charge of the dispensary are empowered to issue as many tickets for free meals as they deem necessary. Those who can pay our modest prices are asked to do so.

This lunch-counter had only been in operation a few days when the medical students made a request that they be allowed to purchase their lunch at it; and it has been a great source of comfort to them to be enabled to purchase a clean lunch in the short time allotted for this purpose by the university, and especially during our rigorous winter season.

It has always been the custom for this hospital to allow relatives of patients on the danger list to remain at the bedside of the patient during this critical period. The nurses in the wards were frequently consulted as to the possibility of the hospital furnishing meals to these visitor, and, while this has been the custom in the private wards, it was not practicable in the public wards. The lunch-counter has solved this problem.

The Montreal General Hospital will have a dispensary attendance this year of 150,000 visits. Its patients are drawn from a radius of fifty miles, and, from the newspaper publicity and remarks that one frequently hears, there is no doubt that our lunch-counter for the dispensary has come to stay.

A. L. HAYWOOD, M.D.,
Superintendent.

Health Information Service

In order to assist health officers and public health nurses to keep abreast with the rapidly increasing literature on health matters, the Canadian Red Cross Society maintains a Health Information Service to supply data and information pertaining to this subject. The senior magazine of the society, issued each month, contains descriptive notes on the more interesting articles in the latest health periodicals.

The Canadian Red Cross will be glad to furnish readers of the *Canadian Nurse* with information or data on any phase of public health. Application should be made to Dr. Ruggles George, Canadian Ied Cross Society, 410 Sherbourne Street, Toronto, Ont.

THE PILGRIM WAY

But once I pass this way,
And then—no more.
But once—and then, the Silent Door
Swings on its hinges,—
Opens . . . . . closes,—
And no more
I pass this way.
So while I may,
With all my might,
I will essay
Sweet comfort and delight
To all I meet upon the Pilgrim Way.
For no man travels twice
The Great Highway,
That climbs through Darkness up to Light,—
Through Night
To Day.

—JOHN OXENHAM.

The human system is supplied with those defensive forces known as the power of resistance of immunity, and by obedience to the rules of hygiene—of right living—they insure us against many attacks of disease.

DR. R. H. LEWIS, *Wisconsin State Board Bulletin.*

Private Duty Nursing Department

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The Economics of Tuberculosis

By W. J. Dobbie, M.A., M.D.C.M.,
Physician-in-Chief, Toronto Hospital for Consumptives,
Weston, Ontario

Tuberculosis is an expensive disease; expensive to the individual, to the family, often to the friends, and always to the community. It entails a great cost in lives, in disability, in money, and in unhappiness.

The extent to which this disease is costly in lives may be appreciated when it is remembered that the total number of deaths from tuberculosis is greater than the combined deaths from measles, whooping-cough, diphtheria, scarlet fever, and smallpox. During the period of the Great War some 40,000 Canadians died gallantly in battle, and this gripped the attention and interest of every citizen. But during the same period little or no interest was aroused by the fact that some 43,000 died needlessly and wastefully from tuberculosis. Between the ages of 20 and 29 the deaths from tuberculosis are one-third of the deaths from all causes. In 1921 the nine provinces of Canada lost slightly more than 81 people in every 100,000 from tuberculosis, or a total of 7,694 people. This means that one in every fourteen deaths was due to this disease.

Each child represents an investment, on the instalment plan, by the community. From birth until 15 years of age there is an outlay only on the maintenance and education of the child. From 15 to 20 years, it is the exception rather than otherwise for the earning capacity of the individual to exceed the outlay for these years. From 20 to 25 years, while the earning capacity may be increased, in many cases new obligations are assumed which entail a further liability for the community, or which, at

least, reduce the power of the individual to repay what has already been spent on him. The period in which such payment may be made is usually considered to be between the ages of 25 and 60. On this account, then, there is an economic importance attached to the fact that nine out of every ten deaths from tuberculosis take place between 15 and 65 years, and it is for this reason that a death from tuberculosis is a greater loss to the community than a death from one of the diseases peculiar to infancy or one of the diseases more prevalent in later life.

In calculating the cost of each death from tuberculosis, Dr. Irving Fisher, Professor of Political Economy at Yale University, in articles presented to the National Tuberculosis Association in 1908 and again in 1912, has laid down the following considerations which require to be taken into account:

1. The mean after-life of the average person living at the ages at which consumptives die is taken as 32 years. This figure is calculated from the experience tables of life insurance companies.

2. The mean after-life which consumptives would have had if they had not developed tuberculosis is to be taken as three-fourths of that of the average person, or a period of 24 years. This reduction from 32 to 24 years has been made on the assumption that those developing tuberculosis are of poorer vitality than ordinary persons, and therefore their life expectancy would ordinarily be less.

3. The productive period of life is taken to lie between 17½ years to 60 years, a period of 42½ years. This period is thought to be conservative, and is shorter than that estimated by many writers on the subject. The upper limit is usually placed at 65 years, and the lower limit sometimes at 15 years.

4. The part of the consumptive's after-life (24 years) which would have fallen in the productive period is taken as 17 years. This calculation has been based on the age distribution of deaths.

5. The period of total disability preceding death, during which the patient earns nothing towards his support, is taken as one and a-half years. This figure is the result of an investigation by Dr. Price of cases in Maryland, and is believed to be exceedingly conservative on account of the fact that his figures relate to the laboring classes only, who do not give up work until it is absolutely necessary.

6. The period of partial disability preceding the period of total disability, during which the patient is supposed to earn only one-half of his former income, is taken to be also one and a-half years. No account is taken of a further period prior to these disability periods in which there is at least some degree of impaired efficiency.

7. The average usual earnings of all workers, including working children and housewives, has been calculated by Dr. Fisher, on the basis of all the evidence obtainable, as $700.00 per year. As this estimate was made previous to the period of the Great War, it might reasonably now be increased to $1,000.00.

8. The average cost of supporting and caring for a consumptive during the period of total disability is taken as $1.50 per day. This estimate also was made prior to the period of the Great War, and might reasonably be increased now to $2.00 per day.

9. The number of actual workers in the community is considered to be only three-fourths of those who are of working age.

10. The workers, however, are supposed to consume on the average of 60 per cent. of their own earnings, and to spend the remaining 40 per cent. on their dependents.

In figuring the cost, therefore, of each death from tuberculosis, it is necessary to perform a simple problem in arithmetic, somewhat as follows:

COST OF EACH DEATH FROM TUBERCULOSIS

(1) Period of partial disability, 1½ years. Loss of one-half the usual earnings of $1,000.00 per year	$ 750.00
(2) Period of total disability, 1½ years. Loss of usual earnings of $1,000.00 per year	1,500.00
(3) Cost of support and care during the period of total disability, 1½ years. Five hundred and forty-seven and a-half days at $2.00 per day	1,095.00
(4) Loss of life during 17 years of the working period, at $1,000.00 per year, capitalized at 5 per cent. so as to bring it to a present value basis of $10,000.00. From which must be deducted:	
(a) One-fourth of the amount, or $2,500.00, to allow for the proportion of those of working age who do not work, leaving $7,500.00	
(b) From which there must be a further reduction of 60 per cent., representing the amount that would have been spent by the worker on himself, and which is therefore not lost on account of his death, leaving only as the amount actually lost to his dependents.	3,000.00
Total cost of each death	$6,345.00

In Canada, in 1921, there were 7,694 deaths from tuberculosis. Each of these represented a cost to the community of $6,345.00, or a total of $48,818,430.00, or more than $4,000,000.00 per month.

If an appeal were to be made to the people of the country to approve of a Federal grant of $48,000,000.00 per year to combat tuberculosis, it is hardly likely that it would be received with a very great deal of enthusiasm. The same amount might be approved for a transcontinental railway, or for the construction and improvement of national or provincial highways, or for the harnessing of natural water-powers for the development of electrical energy; but to spend such a sum as this in preserving the manhood and womanhood of the nation would not readily appeal to the imagination of the average citizen at the present time.

The figures are equally striking if applied to one of the provinces. In Ontario, for instance, in 1921, there were 2,082 deaths from tuberculosis. Each of these cost the community, $6,345.00, or a total of $13,210,290.00, or more than $1,000,000.00 per month. In this province, in the last 20 years, the death-rate from tuberculosis has been more than cut in two. So that in the year 1921, if the old order of things had obtained, there would have been an additional 2,082 who would have died. If we care to calculate that the periods of total disability and partial disability have in these cases been merely postponed for the average period of, say, 10 years, and if we reckon the future earnings of each during this period when capitalized at $2,000.00, we have a saving to the community of $4,164,000.00 per year.

It is to be noted, however, that the money spent in combating tuberculosis is returned again to the community many times over. Take this one illustration from the report of one organization: The National Sanitarium Association in twenty-five years has spent on buildings and equipment $1,019,482.00, and on maintenance of patients $5,407,075.00, or a total of $6,426,557.00. For this expenditure they have cared for 17,000 patients, of whom 8,500 have been returned to their homes and to their work. Of these, probably one-third have been given an extra five years of life, another third an extra 10 years, and the remaining third 15 years, or an average of 10 years each. If we consider in these cases that the periods of total and partial disability have only been postponed for 10 years, and calculate that the amount which these individuals would have contributed to the support of their dependents in this period of 10 years is, when capitalized, the sum of $2,000.00, there has been in this way a return to the community of $17,000,000.00. In other words, for every $6.00 spent there is a return from this one source of $17.00.

The demonstration at Framingham, Mass., has confirmed what was previously believed, that one per cent. of the population are suffering from active tuberculosis. There are at least ten active cases for every death. In Ontario, therefore, where there were 2,082 deaths in 1921, there may be considered to be 20,820 active cases. If we could give to each of these an extension of ten years of working life, on the same basis as previously calculated, we would be returning to the community $21,640,000.00; or if the same calculation be applied to the whole Dominion, where in 1921 there were 7,694 deaths, there would be a return to the country of $153,880,000.00.

What has already been done is very creditable. But there is no reason to suppose that a still further reduction in the annual cost to the country from tuberculosis cannot be made. But as in any business it is a wise policy, in order to save money, to spend money; and it would be good business for Canada to spend many times what is now being spent in the campaign against tuberculosis. The returns are already assured, and none could be more desirable.

Pupil Nurses' Department

The First National Conference of Canadian Students

Held in Convocation Hall, Toronto

By EILEEN FLANAGAN
Royal Victoria Hospital, Montreal

The conference—and it was, in the true sense of the word, a real conferring together—was the practical outcome of a desire on the part of the leaders of the Student Christian Movement that, through deliberation and fellowship, students might help to bring about better national and international relationships, and that they might also face the problems of our own country.

It was necessary that those who were to take part in the discussions should go well prepared in the subjects to be considered, and therefore study groups were formed in the subjects to be considered. On December 27th came the assembling of the delegates in Convocation Hall, Toronto University, numbering about 800, of whom 110 were from McGill. Interest and enthusiasm were intense; the roll call was answered by the "yell" of each particular college.

It was fitting that, on the opening night of the first conference of Canadian students, we should have the honor of hearing our Governor-General, Lord Byng, whose carefully chosen words made a deep impression. He chose the subject of "Character," which he termed the accumulation of our impulses, modified by reason. Lord Byng emphasized the need of leadership and education, especially in the study of human nature, as two of the best possible means of quickening results in helping others. Sir Robert Falconer welcomed us to the university, and we were then entertained by the Toronto students at Hart House.

For an hour each morning Dr. Herbert Grey, of the S.C.M. in Great Britain, lectured on the fundamental needs of each individual, and to a greater extent to the nation, the need of God. In a most practical way he pointed out that this was the basis on which the discussions of the conference should rest, for, he asked, "If you want to make a new Canada, in whose power are you going to make it? Surely not on your own, inconstant and inconsistent as it is, but it must be made on something as it is, and it must be made on something greater than humanity." The talks we had on the following day from Dr. Gray centred on the subject of a "Personal God," and, in the minds of many, were among the most valuable during the conference. One of the striking features of the assembly was its cosmopolitan character, its representation of so many nationalities and creeds. Our national and international problems were dealt with by men of wide experience. Premier Drury and Professor

McIvor presented the rural and industrial questions, making a strong plea for students settling in these environments to act as leaders in community life. It was impressed upon us that personality must be put first in industrial life if we are to get rid of the carelessness and slackness evident in every kind of work. Senator Belcourt spoke to us of "The French Language"; Dr. Oliver, of Saskatchewan, on "The Problem of the New Canadian, and His Assimilation Into our Nationality"; a Japanese and a Canadian student presented the Oriental question, and a Hebrew student the Jewish problem. The discussions which followed added considerably to the interest aroused by the speakers.

Our visiting representatives helped in a wonderful way to give us the viewpoint of the students of other countries. Dr. Aggrey, of Africa, with the vivid imagination and sense of humor of his race, made a powerful appeal for our co-operation with the colored races; Dr. Tsu and Dr. Hung, of China, and Swami Doss, of India, told of the great awakenings in these places and of the desire of the students for a better understanding, which could only be accomplished by contact and by sharing in the best we have. We heard also from Piet Roest, of Holland; Hans Tieslin, of Germany; Jorgen Holck, of Denmark, and from students from England, Czecho-Slovakia, Austria Hungary and the United States, and found that they all had their own problems and difficulties. A thank offering of $2,500.00 was given by the students in conference, and this money was sent to Prague to help the suffering European students.

As a practical outcome of all our discussions came the adoption of a resolution, to be presented to Parliament at Ottawa, asking that the Government of Canada set aside annually a sum of money sufficient for the purpose of awarding Empire scholarships each year to 22 students of Canada, 15 students in other parts of the British Empire, and 64 in other countries, in order that, through intellectual activities with the nations of the world, Canada might promote the ideals of the League of Nations.

Dr. Mott, the leader of the World Student Christian Movement, said, in his wonderful address to us, that he believed that the students of to-day could bring about a better understanding (so wished for) between the peoples of the world if we saw to it that the constructive hands of Christianity were laid on our educational institutions of every form, and if we each determined to help in bringing about the result.

As the conference came to an end, we all felt that the free exchange of ideas and freedom of speech that had been the order of the day had been the means of awakening our interest and giving us a more sympathetic understanding of opposing views; and along with this we realized that we must have action if all difficulties and problems facing the world are to be driven away, and that therefore we, each in our own walk of life, in our schools, colleges, hospitals and homes, must begin at once to put into practice the fundamental ideals of the Student Christian Movement if our conference was to accomplish its mission.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Miss Grace Fairley, president, wishes to acknowledge, through this medium, the replies to her letter asking for the opinion of members of the C.A.N.E. regarding amalgamation with the C.N.A.T.N.

The Art of Questioning

By Miss Slattery

Read Before the C.A.N.E. Convention, Edmonton, 1922

Questioning may be considered the most valuable of all teaching devices. Originating as an expression of that primitive instinct, curiosity, it has been used as an educational factor since quite early times. Socrates, indeed, employed this device to the exclusion of all others, considering it the best method of instruction. Later we find its use in a stereotyped form as a catechism to embody the salient points of church doctrine.

The modern use of questioning as a device of great value in education began in the 19th century, as a result of the impetus given to new educational methods and ideals by such leaders as Pestalozzi. During recent years its employment has been very strongly marked as a deliberate device in teaching.

So much for the history of this celebrated instrument's use. Next let us consider the method of its application. To just question, and to question effectively and efficiently, are two vastly different things. It requires no mental training to ask questions—a very young child does so instinctively; but the use of questioning as an efficient device in education is one of the most difficult arts to acquire. Few things mark off more clearly the trained and expert teacher than really effective questioning, and in many cases the success of the work turns upon this point.

To question with any degree of success requires, on the part of the instructor: (1) Full and thorough knowledge of the *subject* under consideration. One must know exactly what to ask for, how to bring out the relative bearing and importance of the various facts, and how to analyze any subject which needs to be broken up for assimilation by the class under instruction. (2) Knowledge of the *mental equipment* of the students, as well as of the way their minds may be best made to work in storing, and in giving out information. (3) *Experience* in the use of this device. This obviously only comes from practice of the art and frequent use of the same. (4) *Power* and *versatility* of expression so as to suit the question to the student and to vary the form if necessary.

With this equipment a teacher may hope to use questioning as an effective agent in his work, giving results which otherwise could not be obtained.

Next let us consider the various kinds of questions, and the purpose for which they may be used. Questioning is the natural accompaniment of all teaching, for by this means the teacher investigates the pupil's knowledge and intellectual powers, and also estimates the results of his own work. Therefore, we may divide the questions quite naturally into two classes: (1) *Testing* questions; (2) *Training* questions.

Testing questions ask directly for facts or knowledge gained by previous experience or instruction. They guide the mind towards concentration on the subject, making possible connections and associations with previous work. They should arouse interest in the subject which is going to be handled, as well as show the teacher what foundation he has upon which he must build. Testing questions are also a great help in fixing important ideas which it is desirable for the class to retain.

Training questions are of more value in the mental development of the student, as they seek to have the individual discover fresh ideas for himself. Old information is brought to light in order that new may be evolved from it. The mind is directed forward, and the reasoning powers of the student are developed. This second type of question is, of course, much the more valuable, as fortunately the accumulation and storage of facts is not the sole end of education, even if success in examination largely depends upon this accumulation.

In conclusion, as this is a very materialistic age, always demanding results, one might sum up the advantages attached to this famous art, or rather to the practice of the same: ((1) Questioning naturally secures concentration upon a certain subject. (2) By questioning one tests a person's knowledge of the subject involved. Here one comes to the ever debatable subject of examinations and their real or apparent value in our present scheme of education. What will take the place of this ancient enemy of all students? (3) The greatest value of the development of questioning certainly lies in the use of "Training Questions," whereby the mental development of the student is secured. It is by this result only that an education should be judged.

If it be my lot to crawl, I will crawl contentedly; if to fly, I will fly with alacrity; but as long as I can possibly avoid it I will never be unhappy. If, with a pleasant wife, three children, a good house and farm, many books, and many friends who wish me well, I cannot be happy, I am a very silly, foolish fellow, and what becomes of me is of very little consequence.—SYDNEY SMITH.

Hospitals and Nurses

NEW BRUNSWICK

Miss McMaster, superintendent of nurses, Moncton City Hospital, met with an accident recently, having the misfortune to break her ankle. She is doing well.

The Sisters of Providence have opened a hospital in Moncton, to be known as the Hotel Dieu.

Miss Martha Wallace has accepted a position in Shediac, N. B., to do public health work.

Miss Myles (Moncton City Hospital) has taken the position of assistant superintendent of Fisher Memorial Hospital, Woodstock, N. B.

Miss Annie A. Whyte (Moncton Hospital) has gone to New York to take a post-graduate course at the Presbyterian Hospital.

Miss Laura Keith (St. John G.P.H.) has accepted a position in the Dunn Hospital, Bathurst, N. B.

Miss Bertha Gregory (St. John G.P.H., 1916) has left for Halifax to take the public health nursing course at Dalhousie University.

* * * *

NEWFOUNDLAND

St. John's

The second annual meeting of the Child Welfare Association showed a most successful and encouraging year when the reports of the various activities and of the Executive Council were read. The health conference held in July was a decided success; the number of children brought for examination far exceeded our greatest expectations. The sewing committee, which makes articles which are sold for cost price at the clinic, has been self-supporting. The weekly clinic has been very successful and serving a real need. There are three community nurses, Misses Hurst, Squires and Parsons, whose work is deeply appreciated. Three nurses are not by any means sufficient for the work, but funds will not permit the engagement of more. The visiting committee have done much to supplement the work of the nurses, and have helped the nursing mothers with nourishing food, etc., to enable them to continue breast feeding.

* * * *

QUEBEC

Royal Victoria Hospital

Mrs. Alma Stanley (1898), who has been in charge of the residence, has resigned. Prior to her departure she was presented with a mahogany clock by the nursing staff. Miss Margaret MacIntosh (1902) will succeed Mrs. Stanley.

The annual dinner given to the 1923 class by the Alumnae Association will be held March 14th at the Ritz-Carlton Hotel.

Miss Lyle MacFarlane (1922) has been appointed surgical supervisor at the R.V.H.

Miss Helen Mosher (1922) has been added to the staff of the Basal Metabolism Clinic.

The Homeopathic Hospital of Montreal

Miss Theodore Sanders has accepted a position in the Binghampton General Hospital, Binghampton, N. Y.

Miss Galbraith is at present in charge of the receiving home, in connection with the Children's Bureau, on Mansfield Street.

Miss M. Richards has returned to Montreal after spending the past four months in Edmonton, Alta.

The physical culture class, in connection with the training school, has proved a success from a recreational point of view. The attendance has been good, and the instructor reports steady progress.

The sum realized at the H.H.M. table at the bazaar in November was $633.00. The members of the Alumnae Association are now working for their table at the hospital bazaar, which will be held in March. The proceeds will be devoted to the nurses' sick benefit fund.

The Canadian Nurses' Association, Montreal, held a bazaar on November 22nd, 1922, in the drawing-room of the Ritz-Carlton Hotel, which was kindly loaned for the occasion. The different booths were presided over by members of the alumnae of the different city hospitals, out-of-town nurses, public health nurses, and the Victorian Order of Nurses, as follows: Royal Victoria Hospital, bags and dolls; Montreal General Hospital, miscellaneous; out-of-town nurses, miscellaneous; Western Hospital, cake, candy, preserves, and a small miscellaneous booth; Homeopathic Hospital, miscellaneous; Women's Hospital, fruit punch and ice cream; Children's Memorial Hospital, fish-pond; public health nurses, Japanese booth; Victorian Order, admission; nurses in training, first aid booth; afternoon tea, married nurses, assisted by nurses in training. Bridge was played in the gallery during the afternoon and evening, and a dance was held in the centre of the room in the evening. The sum of $74.00 was cleared, to be used towards the purchase or erection of a new club-house.

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ONTARIO

Toronto Western Hospital

At the January meeting of the Alumnae, Dr. Routley, of the Canadian Red Cross, addressed the nurses, detailing the relief measures undertaken for the fire sufferers of Northern Ontario.

Miss Margaret Johnston (1921) has accepted a position in a hospital at Lethbridge, Alberta.

Miss Agnew (1921) has been appointed supervisor of the obstetrical ward, T.W.H.

Miss Cooney, who has been very ill for some weeks, is improving, though still in hospital.

Miss Louise B. Peat has been for the past year superintendent of the Junior Red Cross Children's Hospital, Calgary, Alberta.

Miss Bertha Smith is doing social service work in New York City.

Miss DeBarr (1923) has been taken on the staff of S.O.R. at the Montreal General Hospital.

Miss Elsie Gruer ('17) has accepted a position on the staff of Highland Hospital, New York City.

Miss A. M. Cooper (1912) has gone to the Binghampton Hospital, Binghampton, N. Y., as dietitian.

Miss Sara Fraser, who for some years has been industrial nurse for Goodwin's Ltd., has resigned her position for private duty.

Miss Mary Peters (1919) has resigned her position, in charge of the Montreal dispensary, for private duty.

Miss Agnes MacPhie (1919) has resigned from her position at Grande Mere Hospital, Grand Mere, and Miss Grace Mackay (1922) has accepted a position in the same hospital.

Misses Clara McCrea (1922) and Libbie Aird (1922) have accepted positions in the Porchester Hospital, Porchester, N. Y., the former in charge of case-room and nursery and the latter in charge of surgical wards.

Miss Marie Buss (1922) has relieved Mrs. J. Dunwoody (1918), in charge of the public ward floor in the M.G.H., while the former takes an extended trip to the Mediterranean.

Chatham

Miss Pauline O'Rourke, a graduate of St. Joseph's Hospital, Chatham, left recently to enter the Novitiate of the Sisters of St. Joseph, London, Ont.

Toronto General Hospital

Miss Nita Rathbun (1922) has been appointed to the staff of the Diabetic Clinic.

Misses Mabel Sharpe (1919) and May Morley (1920) are engaged under the Ontario Red Cross in the northern fire-stricken area, their headquarters being New Liskeard.

The January meeting of the head nurses, T.G.H., was most interesting. Miss Mabie Edgar gave an account of her sister's work in India. Her sister is Miss Annie Edgar (1917). Miss Hutchinson, head nurse of the X-ray department, also gave an instructive address on the extensive work being done in that department under Dr. Richards.

Hamilton General Hospital

Miss Muriel Harrison left France recently, where she has been learning the language for the French-Indio Hospital Mission in China.

Miss Etta McLean was at the Brant Hospital in January.

Miss Catherine Irwin has resigned from the public health service, and Miss Marion Still appointed in her stead.

Miss Hack (1923) has accepted a position with Dr. Connell, Hamilton.

Miss Brennan, president of the Hamilton General Hospital A. A., has requested that members changing their address will please notify the secretary in writing, giving both old and new addresses. They are also requested, when doing this, to notify also the office of the "Canadian Nurse" Magazine, 125 Vancouver Block, Vancouver, B. C.

Public General Hospital, Chatham, Ont.

The annual meeting of the Alumnae was held January 5th at the home of the president, Mrs. Bruce Suitor, eighteen members being present, including Miss Stone, of New York, and Miss M. Martin, of Vancouver. The reports showed a very successful year, the endeavors of the association to raise money having resulted in getting over $1,000.00. The organization had furnished a memorial room in the new wing of the hospital, as well as a rest room and bath room for graduate nurses, as well as making donations to various causes. The election of officers then took place. Miss Head was elected president, Miss Neilson corresponding secretary, and "Canadian Nurse" correspondent, Miss J. E. Tierney, 187 Selkirk Street. A pleasant social hour was then spent, the refreshments being served by the retiring executive. At the February monthly meeting, plans for several social functions were considered and arrangements made for them.

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SASKATCHEWAN

Miss Evelyn Cherry (Municipal Hospital, Prince Albert, 1921), lately on the staff of the Edam Hospital, left recently for Cleveland, Ohio, where she has accepted a position on the staff of the City Hospital.

Saskatoon

The Saskatoon Graduate Nurses' Association held its regular meeting on Thursday evening, February 1st, 1923, at the home of Miss O. Key. After the regular routine business, Mrs. Alden Johns gave a brief report of the annual meeting of the Local Council of Women. Mr. A. B. Cook, superintendent of the Saskatchewan Sanitarium, gave an address at the evening session on the work of the Anti-Tuberculosis League. All of the affiliated associations were deeply impressed by this address, and all are ready to co-operate most heartily in the effort to raise $50,000.00 to aid these tubercular mothers. Preparations were made for the annual convention of the S.R.N.A., which is to be held in Saskatoon on Thursday and Friday, April 5th and 6th. Miss Helen Cameron was appointed convenor of the local arrangements committee.

Moose Jaw

The February meeting of the Graduate Nurses' Association was a most interesting one. Mr. Schofield, of the Ross Collegiate staff, gave a most interesting talk on "Old English China." The association was also fortunate in having as a guest Miss Ruby M. Simpson, the president of the Provincial Association.

Miss Simpson gave a report of the work of the Memorial Committee, telling of the progress being made by the Provincial Committee, as well as of the work of the National Committee. As well as contributions received from nurses in all parts of our own province, Miss Simpson reported having received contributions from members of the Provincial Association at present residing in the United States or in other parts of Canada, to be forwarded through the Saskatchewan committee. She also reported that in many of the towns and cities the nurses have arranged dances and teas, thus adding considerably to the fund. Kindersley, Dodsland, Indian Head, Kerrobert, Swift Current, Maple Creek and Melfort, as well as the larger centres, such as Prince Albert, Moose

Jaw, Saskatoon and Regina, being among the places where an organized effort to raise funds has met with success. Miss Simpson also reported generous contributions received from the pupil nurses of practically every training school in the province. The Saskatchewan fund now amounts to nearly $3,000.00.

Miss Emily Eisele, late superintendent of the Prince Albert Municipal Hospital, has recently been appointed superintendent of the Moose Jaw General Hospital.

EDAM

At a recent meeting of the Nurses' Council of the Saskatchewan Registered Nurses' Association, the dates of Thursday and Friday, April 5th and 6th, were decided upon for the annual meeting. As decided at the last annual meeting, the meeting is to be held in Saskatoon.

* * * *

ALBERTA

The annual meeting of the Edmonton Graduate Nurses' Association was held in the Y.W.C.A. on January 17th, 1923, the president, Mrs. Manson, in the chair. After routine business the election of officers took place. The association held a very successful Valentine dance on February 12th.

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BRITISH COLUMBIA

VANCOUVER GENERAL HOSPITAL A.A.

In conjunction with the graduation exercises of the 1923 class, the Alumnae plan to celebrate the twentieth graduation exercises of the hospital training school by holding a re-union of all V.G.H. graduates. It is hoped that every out-of-town graduate will take a personal interest and be present to make this re-union a great success. While the actual date has not been settled, it will probably be held in June. Registration of graduates will be the first item, followed by addresses of welcome from the superintendent, the director of nursing, and the mayor. The official photograph will be taken, and a boat trip planned for the afternoon. The following morning it is planned to meet in the auditorium of the university, when, after community singing, addresses will be given by Miss Randal, R.N., and Miss Johns, R.N. The hospital will be thrown open in the afternoon and a tea will follow. The Medical Association will entertain the guests that evening. Papers of an interesting character will be given the following morning by prominent medical men, followed by luncheon at Glencoe Lodge, where a special table will be reserved for all the superintendents in the history of the hospital training school. The Gyro band will be in attendance. The afternoon plan includes a motor drive around the city. The graduation exercises of the 1923 class will take place in the evening. Further details can be obtained from Miss Hattie Innis, City Hall, Vancouver, B. C.

The spring examinations for the R.N. certificate will be held on May 2nd, 3rd and 4th, 1923.

Miss Louise Stinson, R.N. (General Hospital, Port Arthur, Ont.), has resigned her position at superintendent at the Nicola Valley General Hospital, Merritt, B. C.

Miss E. L. Hibbs, R.N., has resigned her position in charge of the Summerland Hospital, Summerland, B. C., and will take charge of the hospital at Grande Prairie, Alberta.

At the recent examinations for R.N. certificates held in November, 1922, Miss Margaret MacDonald, graduate of St. Paul's Hospital, Vancouver, was the winner of the highest marks, obtaining 88 per cent.

Miss Ruth Waterman (Vancouver General Hospital) has accepted a position on the staff of the Summerland Hospital.

Miss Elizabeth Breeze, president of the G. N. A. of B. C., has recently recovered from an emergency operation in the Vancouver General Hospital and has returned home.

Miss Jean Browne, president of the C.N.A.T.N., was the guest of the Vancouver G.N.A. at their monthly meeting on February 7th. Miss Browne spoke to them, particularly stressing the Memorial Fund, and gave them the latest report from the Memorial Committee. A most interesting address was given on "Industrial Nursing" by Miss Edwards, welfare worker at Spencer's department store, illustrated by lantern slides. Refreshments were served at the close of the meeting.

VICTORIA

The Victoria Graduate Nurses' Association held its annual meeting on February 6th, when encouraging interest was shown by the large attendance. Reports were presented; and the president ably reviewed the year's work, and suggested that the Memorial Ward at the Royal Jubilee Hospital, in memory of Victoria's four nursing sisters who lost their lives in the war, be refurnished in the new wing. Plans for future work were discussed, and it was decided to hold a bridge tea during Easter week. The election of officers resulted as follows: President, Miss Morrison; first vice-president, Miss Gregory-Allen; second vice-president, Miss E. Gurd; secretary, Mrs. Chambers; treasurer, Mrs. Dixon; registrar, Miss O'Brien.

BIRTHS

Beatty—At the Regina General Hospital, on Tuesday, February 13th, 1923, to Dr. and Mrs. J. C. Beatty (Bernice Petch, W.G.H., 1916), twin boys.

Blandford—At London, Ont., on February 1st, 1923, to Mr. and Mrs. Douglas Blandford (Margaret Thompson, Toronto General Hospital, 1919), a daughter.

Burry—At 177 Collingwood Street, Kingston, Ont., on October 1st, 1922, to Rev. and Mrs. John H. Burry (Rena Sheffield, Kingston General Hospital, 1919), a son.

Cody—At South Hamilton, Ont., on December 3rd, 1922, at 116 Gage Avenue, to Dr. and Mrs. W. M. Cody, a son.

Donnelly—At St. John, N. B., to Dr. and Mrs. Frank Donnelly (Edith Patterson, St. John G.P.H.), a daughter.

Dunning—At Vancouver, B. C., on September 11th, 1922, to Mr. and Mrs. John Dunning (Elizabeth L. Pattison, Winnipeg General Hospital, 1902), a daughter.

Moorhead—On September 10th, 1922, to Mr. and Mrs. Moorhead (Annie Hood, Winnipeg General Hospital, 1912), a son.

Morrow—At Yorkton, Sask., on October 28th, 1922, to Dr. and Mrs. Morrow (Miss Johanneson, Winnipeg General Hospital), a daughter.

Watson—At the Whitehorse General Hospital, Whitehorse, Y. T., on November 3rd, 1922, to Mr. and Mrs. W. F. Watson (Miss F. Kipp, Vancouver General Hospital, 1919), a daughter.

MARRIAGES

Dougherty-Lord — At Kingston, Ont., on September 20th, 1922, Lillian Mary Ford (Kingston General Hospital, 1919) to Mr. William J. Dougherty, Pembroke, Ont.

Goring-Dawe—At All Saints Church, Los Angeles, Cal., on February 3rd, 1923, Clarice Grace Dawe, R.N. (Vancouver General Hospital), daughter of Mr. and Mrs. James Dawe, Douglas Lodge, Vancouver, B.C., to Mr. Sherman Anson Goring.

Lind-Renton—At Dromore, Ontario, on January 3rd, 1923, Eleanor Beatty Renton (Guelph General Hospital, 1916) to Mr. Swante Lind. Mr. and Mrs. Lind will reside in Vancouver, B. C.

Lynn-Stairs—At Toronto, December 20th, 1922, John D. Lynn, of Toronto, to Elva L. Stairs, of Fredericton, N.B., graduate of St. John G.P.H., 1919.

McElligott-Johnston—At Montreal, Que., on February 7th, 1923, Leola Johnston (Homeopathic Hospital of Montreal) to Patrick McElligott.

McKeen-Whittick—At Winnipeg, Man., on October 25th, 1922, Florence Whittick, R.R.C. (Winnipeg General Hospital), to Mr. A. McKeen.

O'Rourke-Masterson—At Chatham, on July 3rd, 1922, Miss Masterson (St. Joseph's Hospital, Chatham, 1917) to Mr. O'Rourke.

Pannell-Zavitz—At Strathroy, Ont., on August 13th, 1922, Miss Zavitz (St. Joseph's Hospital, Chatham, Ont.) to Mr. Pannell.

Warren-Belyea—In New York City, January 13th, 1923, Annie Mildred Belyea (Montreal General Hospital, 1920) to Dr. Warren.

York-Doyle—At Walkerville, Ont., on July 22nd, 1922, Miss Doyle, graduate of St. Joseph's Hospital, Chatham, Ont., to Mr. York, of Toronto.

DEATHS

Hunter—At the King Edward Sanitarium, Weston, Ont., on January 31st, 1923, F. Margaret Hunter (Toronto General Hospital, 1917).

McGinnis—On December 15th, 1922, Miss Eva McGinnis (Montreal General Hospital, 1917) lost her life in a fire which destroyed her apartment, 220 Bishop Street, Montreal. Her loss is greatly lamented by her many friends among the nurses and doctors.

Mercier—At the Ross Pavilion, Royal Victoria Hospital, Montreal, Que., on January 23rd, 1923, Martha Mercier (Royal Victoria Hospital, 1912). Devoted to her profession, and ever ready to help in time of need, her life stands as a splendid example to those who may follow her.

REGISTRATION OF NURSES

The Province of Ontario has now in effect Rules and Regulations for the Registration of Nurses. A copy of these regulations, as well as application forms for registration, may be had by applying to Dr. Alex. MacKay, Inspector of Hospitals, Parliament Buildings, Toronto, Ont.

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An Examination for Registered Nurses' Certificates in British Columbia will be held in accredited Training Schools of the Province on Wednesday, Thursday and Friday, May 2nd, 3rd and 4th, 1923. Names of candidates must be in the office of the Registrar not later than April 1, 1923.

Full instructions to candidates may be obtained from the Registrar, or at the hospitals where examinations are to be held.

HELEN RANDAL, R.N.,
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Surgical Nursing	3 months
Operating Room	2 months
Children's Nursing	3 months
Diet Kitchen	2 months
Contagious	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months

Maternity Hospital—Last 8 months

Mothers	2 months
Babies	2 months
Delivery Room	1 month
Dispensaries—Prenatal, Delivery, Post-Partum and Social Service	2 months
Milk Laboratories	1 month

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THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President, Miss Margaret Murdock, General Public Hospital, St. John; Vice-Presidents, Misses S. E. Brophy, A. Branscombe, A. J. MacMaster, E. Keyes, V. Winslow, B. Budd, Rev. Sister Carrol; Recording Secretary, Miss Maud E. Retallick; Corresponding Secretary, Mrs. T. B. Reynolds, 21 Kennedy Place, St. John; Treasurer, Miss E. J. Mitchell, Gen. Pub. Hosp., St. John; Additional Members, Misses B. B. Howe, H. T. Meiklejohn, D. E. Coates, L. Gregory; Registrar, Miss A. MacMaster, Moncton, N.B.; Public Health Convenor, Miss H. T. Meicklejohn, 134 Sidney St.

"Canadian Nurse" Representative, Miss A. L. Burns, Moncton.

SCHOOL FOR GRADUATE NURSES OF McGILL UNIVERSITY ALUMNAE ASSOCIATION

President, Miss Ethel Sharpe, 43 Windsor Ave., Westmount, P. Q.; Vice-President, Miss Frances Reed, Montreal General Hospital; Secretary-Treasurer, Miss Martha Armstrong, 1003 Dorchester St., Montreal.

"Canadian Nurse" Representative—Miss Myrtle Ross, Royal Victoria Hospital, Montreal.

ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC.

President, Miss F. M. Shaw, 56 Sherbrooke St., W.; Vice-President, Miss Hersey, Royal Victoria Hospital; Secretary-Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal, P.Q.; Committee—Misses Young, Craig, Samuel, Lawrence, Guillemette, Noel, Jameson, Hetherington, Sister Fafard.

ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording-Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding-Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan;; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig, Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.
Convener of Programme Committee—Miss Ada Chisholm.
Convener of Membership and Visiting Committee—Miss Ethel Mount.
Convener of General Nursing Committee—Miss B. A. Birch.
Representative to Canadian Nurse—A. M. Stephens.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Honorary President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Miss Leguin, 1540 St. Herbert St., Montreal; First Vice-President, Miss Frances, Women's Hospital; Second Vice-President, Mrs. Kirk, 2289 Waverley St., Montreal; Secretary-Treasurer, Miss Thomson, 1003 Dorchester St. W.

Convenors of Committees—Finance, Miss Trench; Sick Visiting, Miss L. Drew, Miss Francis.

Representative to "Canadian Nurse", Miss S. Dewer, 786 Shuter St., Montreal.

Regular Monthly Meeting, third Wednesday at 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL

Hon. President, Miss Willoughby; President, Miss C. Macdonald; Vice-President, Miss Elsie Wood; Secretary Treasurer, Miss K. Maddocks.

Board of Directors—Miss Armour and Miss Morris.
Canadian Nurse Representative—Miss E. G. Miller.
Regular Meeting, First Friday of each month at 8.30 p. m.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL. MONTREAL, QUE.

Honorary President, Mrs. H. Pollock, Superintendent of Homeopathic Hospital; President, Miss M. Richards, 166 A. Mansfield Street, Montreal; First Vice-President, Miss H. O'Brien, Homeopathic Hospital; Secretary, Miss I. Garrick, 414 Pie IX Boulevard, Montreal; Assistant Secretary, Miss M. Lunny, 357 Oliver Avenue, Montreal; Treasurer, Miss N. Dickson, Homeopathic Hospital; Conveners of Committee: Finance—Miss D. Miller; Sick Visiting—Misses Beuchanan, Taylor, Swan, Barr, Sanders.

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Regular Meeting—First Tuesday in each month at 8 p.m.

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Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

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Regular Meetings, First Friday of each month at 8 p.m.

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Regular Meeting—First Tuesday, 4 p.m.

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Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey.

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

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Regular monthly meeting—First Tuesday, at 8 p. m.

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Monthly Meeting—Third Wednesday, at St. Joseph's Assembly Hall.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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Regular Meetings—Second Friday of each alternate month.

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Regular Meeting—First Friday, 7.30 p.m.

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Incorporated March, 1917

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